

Athletic Volunteer Information Form

A criminal background check will be conducted. By completing this material you are giving us authorization to conduct a criminal background check on you. Please complete all of the below information. *THANK YOU FOR VOLUNTEERING!*

Your Signature: _____

You can fill this out and email it back to me dhudspeth@cstx.gov, or bring it into our office 1000 Krenak Tap Road, College Station. We are located in Central Park and usually open Monday – Friday, 8:00am – 5:00pm, or you can call us at 979-764-3424, 979-764-6386, or 979-764-6222 and we can fill the form out over the phone.

We want to make sure that you have some of the details about the program that you are considering volunteering for. Have you received the participant registration material that will provide you with more details about the programs that you are wanting to help with? YES NO

What sport do you plan to volunteer for: _____

Gender: Male Female

Name (how it is listed on your driver's license or birth certificate): _____

Phone #: _____ Phone #: _____

E-Mail Address: _____

Mailing Address: _____

Date of Birth: _____

Are you planning to work with someone specific: _____

Any other request: _____

We usually need every volunteer that wants to help, so chances are very good that you will be helping with the program that you completed this form for. If you have any questions please email us at dhudspeth@cstx.gov or call 979-764-3424. *Thanks for your time!*